

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Sports Shows Promotions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address P.O. Box 404		Amount 20.00
City Mason	State MI	Zip Code 48854
Purpose of Expenditure Booth Rental	Category/ Type 004	Transaction ID : 62374139 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Daniel Benishek M.D.		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

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Mailing Address P.O. Box 404		Amount 20.00
City Mason	State MI	Zip Code 48854
Purpose of Expenditure Booth Rental	Category/ Type 004	Transaction ID : 62374140 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Terri Land		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY
10 / 24 / 2014

Signature